DOCUMENT NUMBER-DATE

MECEIVED-FPSC	D6 FEB -8 PM 1:42	COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery			
so that we can return the card to you.	C. Signature			
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent			
	D. Is delivery address different from item 1?			
Article Addressed to:	If YES, enter delivery address below:			
050715				

VCV Communications, Inc. 444 Brickell Avenue, Suite 309 Miami FL 33131-2472

PSC-06-0051-00-TI

3. Service Type	
Certified Mail	☐ Express Mail
Registered	Return Receipt for Merchandise
Insured Mail	□ C.O.D.

☐ Yes

4. Restricted Delivery? (Extra Fee)

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State of Florida	PS TOMTOOTT, Man		Return Receip	ot .		102595-01-M-1424	The second secon
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uch Number Vacant ssee Unknown vall Recepticle No Such Bidg., Business, Lot #, Listed	33131+240		1.11	36			

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